

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

08 FEB 27 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003242

1. Entity Name  
THE LORD JESUS CHRIST HOLINESS DELIVERANCE  
CHURCH FOR ALL PEOPLE, INC.



Principal Place of Business  
3846 FREEMAN RD.  
JACKSONVILLE, FL 32207

Mailing Address  
3846 FREEMAN RD.  
JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, ELLENE  
3846 FREEMAN RD.  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GREEN, ELLENE  
STREET ADDRESS 3846 FREEMAN RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VD ☐ Delete  
NAME COLEMAN, FLORA D  
STREET ADDRESS 11217 FORENTILE RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE TD ☐ Delete  
NAME COLEMAN, MARION  
STREET ADDRESS 11217 FORESTDALE RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE SD ☐ Delete  
NAME HARPER, JEARLDINE  
STREET ADDRESS 8766 HUMBERSIDE LN  
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300118958093  
CITY-ST-ZIP 02/27/08--01043--012 \*\*306.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ellene Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

Date

904-398-7423

Daytime Phone #

904-765-0918